Fill in this information t	o identify your case:	
Debtor 1	Stephen W Schmitt	
Debtor 2 (Spouse, if filing)	Karen K Schmitt	
United States Bankrup	tcy Court for the: SOUTHERN DISTRICT OF OHIO	
	7-bk-55474	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106I</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed	■ Employed□ Not employed
	employers.	Occupation	Server	Teacher's Aide
	Include part-time, seasonal, or self-employed work.	Employer's name	Smith & Wollensky Restaurant	North Folk Local School District
	Occupation may include student or homemaker, if it applies.	Employer's address	4145 The Strand W. Columbus, OH 43219	PO Box 497 Utica, OH 43080
		How long employed th	nere? <u>1 year</u>	17 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,878.50 \$ 1,421.33

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 1,878.50 \$ 1,421.33

Official Form 106I Schedule I: Your Income page 1

Copy line 4 here 4. \$ 1,878.50 \$ 1,421.33 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$ 266.50 \$ 3.4.67 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ 143.00 5c. Voluntary contributions for retirement plans 5b. \$ 0.00 \$ 0.00 5d. Required repayments of retirement plans 5b. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.00 5d. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5d. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5d. Add the payroll deductions. Specify: 5f. \$ 0.00 \$ 0.00 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5fh. 6 \$ 266.50 \$ 834.17 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,612.00 \$ 587.16 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and from operating a monthly net income from rental property and from operating a monthly net income. 8b. Increase and dividends 8b. \$ 0.00 \$ 0.00 6c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 6c. Social Security 8e. \$ 0.00 \$ 0.00 6d. Social Security 8e. \$ 0.00 \$ 0.00 6d. Social Security 9e. \$ 0.00 \$ 0.00 6d. Social Security 16e. \$ 0.00 \$ 0.00 6d. S	Deb	tor 1 tor 2	Stephen W Schmitt Karen K Schmitt			Case	e number (<i>if ki</i>	nown)	2:1	7-bk-554	174		
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for retirement fund for more fund from operating a business, plantary fund fund fund fund fund fund fund fund		Cop	by line 4 here	4.				3.50	no	on-filing s	pouse	3	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for retirement fund for more fund from operating a business, plantary fund fund fund fund fund fund fund fund	5	Lice	all navrall deductions:										
5.5. Mandatory contributions for retirement plans 5.6. \$0.00 \$ 0.00 5.6. Required repayments of retirement fund loans 5.7. Solutionary contributions for retirement plans 5.8. \$0.00 \$ 0.00 5.9. Insurance 5.9. \$0.00 \$ 0.00 5.9. Domestic support obligations 5.9. Union dues 5.9. Union due	5.			-	_	Φ	004		Φ.		04.07		
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. S. 0.00 \$ 0.00 5e. Insurance 5f. Domestic support obligations 5f. S. 0.00 \$ 0.00 5g. Union dues 5g. Union due												_	
5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. So. Insurance 6f. Domestic support obligations 5f. So. O.000 \$ 0.000 5g. Union dues 5f. Other deductions. Specify: 5f. + \$ 0.000 \$ 3.90.00 5f. Other deductions. Specify: 5f. + \$ 0.000 \$ 3.90.00 5f. Other deductions. Specify: 5f. + \$ 0.000 \$ 3.90.00 5f. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 266.50 \$ 334.17 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,612.00 \$ 587.16 List all other income regularly receives 8. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemential Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemential Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$ 0.00 \$ 1,278.18 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 on non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, a			•			٠.			· -			_	
56. Insurance 57. Domestic support obligations 58. Union dues 59. Union dues 59. Union dues 59. Union dues 59. S. 0.000 \$ 3.39.00 50. Other deductions. Specify: 59. S. 0.000 \$ 3.39.00 50. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 266.50 \$ 834.17 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,612.00 \$ 587.16 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. \$ 0.00 \$ 0.00 8. Social Security 8e. \$ 0.00 \$ 0.00 8. Social Security 8e. \$ 0.00 \$ 0.00 8. Social Security 8e. \$ 0.00 \$ 0.00 8h. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 92.00 \$ 1,865.34 = \$ 4,397.34 Include contributions from an unmarride partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summ									φ_			_	
56. Domestic support obligations 59. Union dues 59. Sp. Sp. 0.000 59. Other deductions. Specify: 50. H \$ 0.000 \$ 39.00 50. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 266.50 \$ 834.17 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,612.00 \$ 587.16 List all other income regularly received: 80. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8d. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 9.000 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 9.20.00 \$ 1,278.18 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 9.20.00 \$ 1,278.18 11. \$ 1,865.34 \$ \$ 4,397.34 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it specifies. 11. \$ 4,397.34 Combined monthly income.			• • • •						Ψ- \$-			_	
5g. Union dues 6h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 266.50 \$ 834.17 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,6f12.00 \$ 587.16 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ 0.00 9e. Social Security 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 9e. \$ 0.00 9e. Social Security 8e. \$ 0.00 \$ 0.00 9e. \$ 0.00 9e. Social Security 9e. Posion or retirement income 8e. \$ 0.00 \$ 0.00 9e. \$ 0.00						٠.			φ_ \$			_	
6h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5p+5h. 6. \$ 266.50 \$ 334.17 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,612.00 \$ 587.16 List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8f. \$ 0.00 \$ 0.00 8g. \$ 0.00 \$ 0.00 8h. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 920.00 \$ 1,278.18 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other firends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write tha			•			٠.			\$ -			_	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,612.00 \$ 587.16 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$ 0.00 \$ 0.00 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8e. \$ 0.00 \$ 0.00 8e. \$ 0.0		-			-	· -			· -			_	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Unemployment compensation 8d. Social Security 8c. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 920.00 \$ 11,278.18 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 920.00 \$ 1,278.18 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it \$ 4,397.34 Combined monthly income. 10. No.	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$						_	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrifion Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 920.00 \$ 0.00 \$ 1,159,66 8b. \$ 0.00 \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$ 0.00 8c. \$ 0.00 \$	7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1.612	2.00	\$		587.16	_ }	
8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. Other government income 8g. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$ 0.00 \$ 0.00 9h. Other monthly income. Add line 7 + line 9. 10. \$ 2,532.00 \$ 1,278.18 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 2,532.00 \$ 1,278.18 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it \$ 4,397.34 Combined monthly income. 8b. Do not include any amounts already included and Statistical Summary of Certain Liabilities and Related Data, if it \$ 4,397.34 Combined monthly income. No.	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	88	a.	\$,		\$			_	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$0.00 \$0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$920.00 \$1,278.18 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?		8b.		8k	э.	\$						_	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$ 0.00 \$ 0.00 8h. 9. \$ 0.00 \$ 0.00 8h. 9. \$ 0.00 \$ 0.00 8h. 9. \$ 0.00 \$ 0.00 8h. 118.52 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 920.00 \$ 1,278.18 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,397.34		8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce		С.	\$		0.00	\$		0.00)	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 920.00 \$ 1,278.18 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. \$ 2,532.00 + \$ 1,865.34 \$ 4,397.34 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,397.34		8d.	Unemployment compensation	80	d.	\$		0.00	\$		0.00)	
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Consumer Choice Marketing 8h. + \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00		8e.	Social Security	86	Э.	\$	(0.00	\$		0.00	<u> </u>	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 920.00 \$ 1,278.18 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,397.34 Combined monthly income No.		8g.	Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f 8ç	g.	\$_		0.00	\$		0.00)	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No.		8h.	Other monthly income. Specify: Consumer Choice Marketing	8h	Դ.+	\$_	(0.00	+ \$_		118.52	<u>2</u>	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	920	0.00	\$_		1,278.1	8	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	10	Cal	auleta manthiu inaama. Add lina 7 u lina 0	40	•		2 522 00			00E 04	•	4 207	24
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	10.		· · · · · · · · · · · · · · · · · · ·	10.	Ψ-		2,552.00	T Ψ		,005.34		4,397	.34
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{4,397.34}{\text{Combined monthly income}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No.	11.	Incli othe Do i	ude contributions from an unmarried partner, members of your household, your friends or relatives. In the friends any amounts already included in lines 2-10 or amounts that are r	our dep					•	Schedule		0	.00
13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income	12.	Writ	te that amount on the Summary of Schedules and Statistical Summary of Ce								\$	4,397	.34
■ No.	13.	Do	you expect an increase or decrease within the vear after you file this fo	orm?						!			ne
	-		No.										

Fill in this informa	ation to identify your case:			
Debtor 1	Stephen W Schmitt	Che	eck if this is:	
			An amended filing	
Debtor 2 Spouse, if filing)	Karen K Schmitt	□		wing postpetition chapte the following date:
Inited States Bank	ruptcy Court for the: SOUTHERN DISTRICT OF OHIO)	MM / DD / YYYY	
Case number 2	:17-bk-55474			
Official Fo	orm 106J			
Schedule	: J: Your Expenses			1:
nformation. If n number (if know	and accurate as possible. If two married people ar nore space is needed, attach another sheet to this vn). Answer every question. ribe Your Household			
. Is this a joi				
☐ No. Go t	o line 2.			
Yes. Doe	es Debtor 2 live in a separate household?			
■ N	No 'es. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	s for Separate Household of De	btor 2.	
Do vou hav	ve dependents? □ NO			
-	Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state	e the			□ No
dependents	names.	Daughter	11	■ Yes
		Son	16	□ No ■ Yes
				■ res □ No
		Son	19	■ Yes
		Son	21	□ No ■ Yes
expenses of	penses include of people other than id your dependents? ■ No □ Yes			
Part 2: Estin	nate Your Ongoing Monthly Expenses			
expenses as of applicable date.	es paid for with non-cash government assistance i th assistance and have included it on <i>Schedule I:</i> \	olemental <i>Schedule J</i> , check	supplement in a Cha the box at the top o Your exp	of the form and fill in t
	•	-		
	or home ownership expenses for your residence. I nd any rent for the ground or lot.	nclude first mortgage 4.	\$	0.00
If not include	ded in line 4:			
4a. Real	estate taxes	4a.	\$	0.00
	erty, homeowner's, or renter's insurance	4b.	· -	0.00
4c Home	maintenance renair and unkeen evnences	40	Φ	75.00

0.00

Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

	Stephen W Schmitt Karen K Schmitt	Case number (if	known) 2:17-bk-55474
- 6. Utilitie			
	S. Electricity, heat, natural gas	6a. \$	240.00
	Nater, sewer, garbage collection	6b. \$	65.00
	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	328.00
	Other. Specify:	6d. \$	0.00
	and housekeeping supplies	7. \$	480.00
	are and children's education costs	8. \$	10.00
. Clothir	ng, laundry, and dry cleaning	9. \$	50.00
o. Persor	nal care products and services	10. \$	35.00
1. Medica	al and dental expenses	11. \$	75.00
2. Transp	portation. Include gas, maintenance, bus or train fare.	-	
	include car payments.	12. \$	250.00
	ainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
	able contributions and religious donations	14. \$	0.00
5. Insura			
	include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a. \$	66 00
	Lile insurance Health insurance	15a. \$ _ 15b. \$	66.00 0.00
	Vehicle insurance	15c. \$	0.00
	Other insurance. Specify:	15d. \$ _	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	13α. ψ	0.00
Specify		16. \$	0.00
	ment or lease payments:	· -	
	Car payments for Vehicle 1	17a. \$	344.50
17b. (Car payments for Vehicle 2	17b. \$ ¯	0.00
17c. (Other. Specify:	17c. \$	0.00
17d. (Other. Specify:	17d. \$	0.00
	ayments of alimony, maintenance, and support that you did not report a		0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I)		0.00
	payments you make to support others who do not live with you.	\$ _	0.00
Specify		19.	
	real property expenses not included in lines 4 or 5 of this form or on Sci Mortgages on other property	20a. \$	0.00 0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$ _	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
. Other:		21. +\$	0.00
	· ,		0.00
	ate your monthly expenses		
	dd lines 4 through 21.	\$	2,068.50
22b. Co	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	: \$	
22c. Ad	dd line 22a and 22b. The result is your monthly expenses.	\$	2,068.50
R Calcula	ate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,397.34
	Copy your monthly expenses from line 22c above.	23b\$	2,068.50
_55.		_σσ. Ψ_	2,000.00
23c. S	Subtract your monthly expenses from your monthly income.		0.000.01
	The result is your monthly net income.	23c. \$	2,328.84
For exa	Lexpect an increase or decrease in your expenses within the year after material materials and according to the terms of your mortgage?		
■ Voc			

United States Bankruptcy Court Southern District of Ohio

In re	Stephen W Schmitt Karen K Schmitt		Case No.	2:17-bk-55474	
		Debtor(s)	Chapter	13	

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of <u>5</u> page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date	November 29, 2017	Signature	/s/ Stephen W Schmitt Stephen W Schmitt	
Date	November 29, 2017	Signature	Debtor /s/ Karen K Schmitt	
	,		Karen K Schmitt Joint Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 2:17-bk-55474 Doc 39 Filed 11/29/17 Entered 11/29/17 15:53:43 Desc Main Document Page 6 of 6 Document

United States Bankruptcy Court Southern District of Ohio

In re	Stephen W Schmitt Karen K Schmitt		Case No.	2:17-bk-55474	
		Debtor(s)	Chapter	13	

FINANCIAL REVIEW OF THE DEBTOR'S BUSIN	VESS (NOTE: ONLY INCLUDE information	directly related to the busin	ness operation.)
T A - GROSS BUSINESS INCOME FOR PREVIOU	S 12 MONTHS:		
1. Gross Income For 12 Months Prior to Filing:	\$	18,190.00	
T B - ESTIMATED AVERAGE FUTURE GROSS M	MONTHLY INCOME:		
2. Gross Monthly Income		\$	1,825.00
T C - ESTIMATED FUTURE MONTHLY EXPENSI	ES:		
3. Net Employee Payroll (Other Than Debtor)	\$	0.00	
4. Payroll Taxes		0.00	
5. Unemployment Taxes		0.00	
6. Worker's Compensation		0.00	
7. Other Taxes		5.00	
8. Inventory Purchases (Including raw materials)		0.00	
9. Purchase of Feed/Fertilizer/Seed/Spray		0.00	
10. Rent (Other than debtor's principal residence)		0.00	
11. Utilities		0.00	
12. Office Expenses and Supplies		675.00	
13. Repairs and Maintenance		20.00	
14. Vehicle Expenses		90.00	
15. Travel and Entertainment		40.00	
16. Equipment Rental and Leases		0.00	
17. Legal/Accounting/Other Professional Fees		20.00	
18. Insurance		55.00	
19. Employee Benefits (e.g., pension, medical, etc.)		0.00	
20. Payments to Be Made Directly By Debtor to Secured Credite	ors For Pre-Petition Business Debts (Specify):		
DESCRIPTION	TOTAL		
21. Other (Specify):			
DESCRIPTION	TOTAL		
22. Total Monthly Expenses (Add items 3-21)		\$	905.00
T D - ESTIMATED AVERAGE NET MONTHLY IN	NCOME:		
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 f	from item 2)	\$	920.00